

TOWN OF HERNDON
Parks & Recreation Department
P.O. Box 427
Herndon, Virginia 20172
Phone: 703-787-7300 Fax: 703-318-8652

Date Received _____

Staff Initials _____

APPLICATION FOR USE OF PUBLIC FACILITIES

- | | |
|---|--|
| 1. Organization _____ | 6. Person in Charge (if other than applicant): |
| 2. Name of Applicant (Mr/Mrs/Ms) _____ | Name (Mr/Mrs/Ms) _____ |
| 3. Address of Applicant _____

(Street)

(City) (State) (Zip) | Address _____

Phone (H) _____ (W) _____ |
| 4. Phone (H) _____ (W) _____ | 7. Type of Activity (must be completed) _____ |
| 5. Date of Requested Use _____ | 8. Time Requested for Rental _____ |

(Groups allowed to arrive one hour prior to rental for set-up and stay 1/2 hour after rental for clean-up)

Is organization a civic or community organization? Yes _____ No _____
Is there a fee for this event? Yes _____ No _____

Admissions: Adults \$ _____ Youth \$ _____ Seniors \$ _____

Space requested:

- a. Full Gym _____
- b. 1/2 Gym _____
- c. Large Meeting Room (CR#1) _____
- d. Medium Meeting Room (CR#2) _____
- e. Small Meeting Room (CR#3 or A&C) _____
- f. Pool _____
- g. Kitchen _____
- h. Picnic Shelter _____
- i. Other _____

Number & Ages of Participants: Children _____ (Ages: _____ to _____)
Teens _____ (Ages _____ to _____)
Adults _____ Seniors _____

Will alcoholic beverages be available? Yes _____ No _____

Equipment requested:

- a. Number of Tables _____ \$ _____
- b. Number of Chairs _____
- c. Podium _____
- d. Stage _____
- e. Other Equipment _____

Subtotal for Equipment Rental..... \$ _____

Security Deposit Required.....\$ _____

Security deposit secures date, is nonrefundable, and is part of the total fees.

Does individual/organization have liability coverage? Yes _____ No _____

- a. Coverage per person _____
- b. Total coverage _____
- c. Insurance carrier _____

Copy of insurance certificate must be submitted if insurance is required.

The undersigned certifies that he/she is familiar with the rules and regulations of the use of the above facilities and that such rules and regulations will be enforced by said user. The undersigned accepts for the user the full responsibility for any and all damages to the facility caused by said user and for the prompt and proper settlement of claims for such damage.

Signature _____

Date _____

FOR OFFICE USE ONLY

FEE SCHEDULE

SUBTOTALS

RENTAL FEE:

- | | |
|---|----------|
| a. Full Gym _____ | \$ _____ |
| b. 1/2 Gym _____ | _____ |
| c. Large Meeting Room (CR#1) _____ | _____ |
| d. Medium Meeting Room (CR#2) _____ | _____ |
| e. Small Meeting Room (CR#3 or A&C) _____ | _____ |
| f. Pool _____ | _____ |
| g. Kitchen _____ | _____ |
| h. Picnic Shelter _____ | _____ |
| i. Other _____ | _____ |

SUBTOTAL – ROOM RENTAL FEES..... \$ _____

PERSONNEL:

- | | |
|---|----------|
| 1. Supervisor _____ hours; _____ | \$ _____ |
| 2. Security: # _____ officers; _____ hours; _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

SUBTOTAL – PERSONNEL..... \$ _____

TOTAL AMOUNT DUE: \$ _____

Security Deposit: \$ _____

TOTAL BALANCE DUE: \$ _____

Damage Deposit Amount (cash only) \$ _____

Rental Balance _____

& Damage Deposit Due By _____

Insurance Required: Yes _____ No _____

ABC License Required: Yes _____ No _____

Parks & Recreation Department

Approved _____ Disapproved _____

Comments _____

Reviewed by: Recreation _____ Aquatics _____ Operations _____

Approved by Director of Parks & Recreation _____

Date Balance Paid _____ Staff Initials _____